



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicant: Håkan Lomryd et al.

Title: *PHARMACEUTICAL COMPOSITION AS SOLID DOSAGE
FORM AND METHOD FOR MANUFACTURING THEREOF*

Appl. No.: Unassigned

Filing Date: 07/25/03

Examiner: Unassigned

Art Unit: Unassigned

UTILITY PATENT APPLICATION
TRANSMITTAL

Mail Stop PATENT APPLICATION
Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional
utility patent application of:

Hakan Lomryd
Helena Nicklasson
Lars-Erik Olsson

☐ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (22 pages).
- ☒ Informal drawings (2 sheets, Figures 1 and 2).
- ☒ Unexecuted Declaration and Power of Attorney (___ pages).
- ☐ Assignment of the invention to Ferring B. V. .
- ☒ Preliminary Amendment.
- ☒ Application Data Sheet

The filing fee is calculated below:

| | Claims as Filed | Included in Basic Fee | Extra Claims | Rate | Fee Totals |
|---|--------------------|--------------------------|-----------------|-------------------|---------------|
| Basic Fee | | | | \$750.00 | \$750.00 |
| Total Claims: | 39 | 20 | = 19 | x \$18.00 | = \$342.00 |
| Independents: | 2 | 3 | = 0 | x \$84.00 | = \$0.00 |
| If any Multiple Dependent Claim(s) present: | | | + | \$280.00 | = \$0.00 |
| Surcharge under 37 CFR 1.16(e) for late filing of Executed Declaration and late payment of filing fee | | | + | \$130.00 | = \$130.00 |
| | | | | SUBTOTAL: | = \$1222.00 |
| [] Small Entity Fees Apply (subtract ½ of above): | | | | | = \$0.00 |
| | | | | TOTAL FILING FEE: | = \$1,222.00 |

- [] A check in the amount of \$0.00 to cover the filing fee is enclosed.
- [X] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 25 July 2003

By Stephen A. Bent

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